## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

10 603311

| · .                                                          |                                                                                                                                                                                 | CLAIMS AS                                  | (Column 1) (Column                    |                               |                              | mn 2)            | SMALL ENTITY TYPE TYPE |                     |                        | OTHER THAN OR SMALL ENTITY |                     |                        |
|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|---------------------------------------|-------------------------------|------------------------------|------------------|------------------------|---------------------|------------------------|----------------------------|---------------------|------------------------|
| TOTAL CLAIMS                                                 |                                                                                                                                                                                 |                                            | 67                                    |                               |                              |                  | ·                      | RATE                | FEE                    |                            | RATE                | FEE                    |
| FOR                                                          |                                                                                                                                                                                 |                                            | NUMBER FILED                          |                               | NUMBER EXTRA                 |                  |                        | BASIC FEE           | 375.00                 | OR                         | BASIC FEE           | 750.00                 |
| TOTAL CHARGEABLE CLAIMS                                      |                                                                                                                                                                                 |                                            | 67mir                                 | rus 20=                       | • 47                         |                  |                        | X\$ 9=              | ;<br>;                 | OR                         | X\$18=              |                        |
| INDEPENDENT CLAIMS                                           |                                                                                                                                                                                 |                                            | g minus 3 = *                         |                               |                              |                  |                        | X42=                |                        | OR                         | X84=                |                        |
| MŲ                                                           | LTIPLE DEPEN                                                                                                                                                                    | RESENT                                     |                                       |                               |                              |                  | +140=                  |                     | OR                     | +280=                      |                     |                        |
| *  f                                                         | the difference                                                                                                                                                                  | in column.1 is                             | less than zero, enter "0" in column 2 |                               |                              |                  |                        | TOTAL               |                        | OR                         | TOTAL               |                        |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) |                                                                                                                                                                                 |                                            |                                       |                               |                              |                  | Ĺ                      | SMALLE              | NTITY                  | OR                         | OTHER<br>SMALL      |                        |
| ENTA                                                         |                                                                                                                                                                                 | CLAIMS<br>REMAINING<br>AFTER<br>MAMENDMENT |                                       | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY                 | PRESENT<br>EXTRA |                        | RATE                | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |
| <b>AMENDMENT A</b>                                           | Total                                                                                                                                                                           | .67                                        | Minus                                 | -6                            | 7                            | -47              |                        | X\$ 9=              |                        | OR                         | X\$18=              |                        |
|                                                              | Independent                                                                                                                                                                     | * 8                                        | Minus                                 | MAN (                         | S                            | -5               |                        | X42=                |                        | OR                         | X84=                |                        |
| FIRST PRESENTATION OF MULTIPLE DEPEN                         |                                                                                                                                                                                 |                                            |                                       | LEIADEIAI                     | CLAIM                        |                  |                        | +140=               |                        | OR                         | +280=               |                        |
| •                                                            |                                                                                                                                                                                 |                                            | · · · · · · · · · · · · · · · · · · · | . , .                         | ·:                           |                  |                        | TOTAL<br>ADDIT, FEE |                        | OR                         | TOTAL<br>ADDIT, FEE |                        |
| _                                                            |                                                                                                                                                                                 | (Column 1)                                 |                                       | (Colu                         |                              | (Column 3)       |                        |                     |                        | ٠.                         |                     |                        |
| AMENDMENT B                                                  |                                                                                                                                                                                 | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT  |                                       | NUM<br>PREVIO                 | EST<br>BER<br>OUSLY<br>FOR   | PRESENT<br>EXTRA |                        | RATE                | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                              | Total                                                                                                                                                                           | *                                          | Minus                                 | **                            |                              | =                |                        | X\$ 9=              |                        | OR                         | X\$18=              |                        |
|                                                              | Independent                                                                                                                                                                     | * NTATION OF M                             | Minus                                 | ***                           | F.CL AILL                    |                  | 4                      | X42=                |                        | OR                         | X84≃                |                        |
| _                                                            | FIRST PRESE                                                                                                                                                                     | MIALION OF W                               | OLTIPLE DE                            | PENDEN                        | CEARVI                       | - 4              |                        | +140=               |                        | OR                         | +280=               |                        |
| :                                                            |                                                                                                                                                                                 |                                            |                                       |                               |                              |                  |                        | TOTAL               |                        | OR                         | TOTAL<br>ADDIT PER  |                        |
|                                                              |                                                                                                                                                                                 | (Column 1)                                 |                                       | (Colu                         | mn 2)                        | (Column 3)       |                        |                     |                        |                            |                     |                        |
| AMENDMENT C                                                  |                                                                                                                                                                                 | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT  |                                       | PREVE                         | IEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |                        | RATE                | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                              | Total                                                                                                                                                                           |                                            | Minus                                 | 8.8                           |                              | <b>a</b>         |                        | X\$ 9=              |                        | OR                         | X\$18=              |                        |
|                                                              | Independent                                                                                                                                                                     |                                            | Minus                                 | ***                           |                              | ė.               |                        | X42=                |                        | OR                         | X84≑                |                        |
| Ľ                                                            | FIRST PRESE                                                                                                                                                                     | NTATION OF M                               | ULTIPLE DE                            | PENDEN.                       | T CLAIM                      |                  |                        | +140=               |                        | OR                         | +280=               |                        |
|                                                              | " If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  "If the "Tighest Minister Reviously Paid For" IN THIS SPACE is less than 20, enter "20." |                                            |                                       |                               |                              |                  |                        |                     |                        | OR                         | TOTAL<br>ADDIT, FEE |                        |
| Att                                                          | If the Pignest Me                                                                                                                                                               | mber Pleviously F                          | aid For IN TH                         | IS SPACE                      | is less tha                  | o 3, enter "3."  |                        | ADDIT FEE           | poprale bo             |                            |                     |                        |